

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CMR</i>	67814	<i>5/1/00</i>
O.I.P.E. CLASSIFIER	<i>HRS</i>	<i>65</i>	<i>5/1/00</i>
FORMALITY REVIEW		71634	7/11/00
RESPONSE FORMALITY REVIEW			9/15/00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	✓
2	
3	
4	✓
5	
6	
7	
8	
9	✓
10	
11	✓
12	
13	✓
14	✓
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39	
40	
41	
42	
43	✓
44	✓
45	✓
46	✓
47	
48	
49	
50	✓

Claim	Date
Final	
Original	
51	✓
52	
53	
54	
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56	
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58	
59	✓
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62	
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64	✓
65	
66	
67	
68	
69	
70	✓
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86	
87	
88	
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91	
92	
93	
94	✓
95	0
96	✓
97	
98	
99	
100	✓

Claim	Date
Final	
Original	
101	✓
102	
103	
104	
105	
106	
107	
108	
109	
110	
111	✓
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118	
119	✓
120	✓
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134	
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138	✓
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If more than 150 claims or 10 actions
staple additional sheet here